

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** UNIFIED ADULT FAMILY HOME (0010494)  
**Address:** 5210 SIGGELKOW RD, MADISON, WI 53718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/10/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0095744      **End Date:** 10/07/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008282    Served 10/20/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(q)	MEDICATIONS		

**Survey ID:** 0093456      **End Date:** 09/24/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008054    Served 10/25/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
Printed 08/18/2006

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Adult Family Home

**STATE OF WISCONSIN**  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID:** 0092082      **End Date:** 03/10/2004      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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<b>Enforcement History</b>
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**Date:** 10/18/2005      **SOD #**10008282      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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<b>Complaint History</b>
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**Date Complaint Received: 10/05/2005**

**Date Investigation Completed: 10/18/2005**

Subject Area(s)  
MEDICATIONS

Result  
SUBSTANTIATED

SOD #  
10008282

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